

19-408011



Secretary of State
Statement of Information
 (Limited Liability Company)

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LLC-12

FILED
Secretary of State
State of California

MAR 25 2019

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees — Face Page \$1.00 & .50 for each attachment page. **See Secretary of State's records for exact entity name.**

Certification Fee - \$5.00

This Space For Office Use Only

1. Limited Liability Company Name

CASINO CONSULTANT & COLLEGE

2. 12-Digit Secretary of State File Number

201901510518

3. State or Place of Organization (only if formed outside of California)

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box

11152 Wallingsford RD #8B

City (no abbreviations)

Los Alamitos

State

CA

Zip Code

90720

b. Mailing Address of LLC, if different than item 4a

11152 Wallingsford RD #8B

City (no abbreviations)

Los Alamitos

State

CA

Zip Code

90720

c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box

11152 Wallingsford RD #8B

City (no abbreviations)

Los Alamitos

State

CA

Zip Code

90720

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name and address must be listed. If the manager/member is an individual, complete items 5a and 5c (leave item 5b blank). If the manager/member is an entity, complete items 5b and 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name - if an individual - Do not complete item 5b

ALAIN

Middle Name

SCOTT

Last Name

LEAGUE

Suffix

b. Entity Name - Do not complete item 5a

c. Address

11152 Wallingsford RD #8B

City (no abbreviations)

Los Alamitos

State

CA

Zip Code

90720

6. Agent for Service of Process

Item 6a and 6b: If the agent is an individual, the agent must reside in California and item 6a and 6b must be completed with the agent's name and California address. Item 6c: If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and item 6c must be completed (leave item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation)

Middle Name

Last Name

Suffix

b. Street Address (if agent is not a corporation) - Do not list a P.O. Box

City (no abbreviations)

State

CA

Zip Code

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b

Legal zoom.com, Inc (c2967349)

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company

Tour Business

8. Chief Executive Officer, if elected or appointed

a. First Name

Alain

Middle Name

SCOTT

Last Name

League

Suffix

b. Address

11152 Wallingsford RD #8B

City (no abbreviations)

Los Alamitos

State

CA

Zip Code

90720

9. The Information contained herein, including any attachments, is true and correct.

3/9/19

Alain SCOTT League

member

Date Type or Print Name of Person Completing the Form

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

Alain League

Company:

CASINO CONSULTANT & COLLEGE

Address:

11152 Wallingsford RD #8B

City/State/Zip:

Los Alamitos CA 90720